

RI Certified Organic Farm Plan Update Questionnaire

This form should be filled out by crop producers to update their organic farm system plans. Use additional sheets if necessary. Attach a field history sheet for previous year, updated farm maps (if any changes), other records required by the certifying agent and the annual continuation fee of \$50 (fifty dollars) payable to RI DEM.

Year: _____

SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)	
Name		Farm Name		Type of Farm/Crops	
Address		City		For office Use Only Date received Date reviewed Reviewer	
St./Prov.	Postal/Zip Code	Country			
Phone		Fax		E-mail	
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify				Organic Certification No.	
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies		Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever been denied Certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the reasons for denial and attach documentation of corrective actions.			
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					

SECTION 2: Minor Noncompliances		NOP Rule 205.406(a)(3)
Did you have any minor noncompliances from last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please complete the following table, listing each minor non-compliance.		
Minor Noncompliance	Describe how you addressed the minor noncompliance.	

Return this form to: RI DEM Division of Agriculture
 235 Promenade Street
 Providence, RI 02908
 Tel: (401) 222-2781
 Fax: (401) 222-6047
 Email: matt.green@dem.ri.gov

SECTION 3: Organic Plan Update**NOP Rule 205.406(a)(1)****A. Current crop plans**

Please complete the following table for all current year's crops or products requested for certification.

Crops Requested for Certification	Field/Greenhouse Numbers	Total Acres/Sq. Feet	Projected Yields

B. Organic Farm Plan Changes

What year did you last submit a complete Organic Farm Plan Questionnaire?

Have you reviewed your Organic Farm Plan Questionnaire? ☐ yes ☐ no Date of review:Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary. ☐ No changes

Farm Plan Topic	Summary Statement of Changes
<input type="checkbox"/> General information	
<input type="checkbox"/> Newly purchased or rented fields*	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Seedlings and perennial stock	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	

*** If you have newly purchased land or have rented land this year that is being requested for certification, attach a signed statement from the previous owner (if purchased) or current owner (if renting) attesting to previous 3 year history and inputs applied.**

C. Inputs List all seeds and planting stock used or planned for use in the current season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. <i>Have all labels and receipts available for the inspector.</i>							
Seed/Variety/Brand	Organic (✓)	Untreated (✓)	Treated (✓)	GMO (✓)	Type/Brand of Fungicide	Treatment Inoculant	Describe your attempts to use organic/untreated seed?

List all fertility inputs, soil mix ingredients, pest, disease and weed control products, water additives, or other inputs used or intended for use in the current season on certified or proposed organic and transitional fields and greenhouses. Use additional sheets if necessary. *Have all labels and receipts available for the inspector.* ☐ No inputs used

Product	Brand name or source	Status: Approved (A) Restricted (R) Prohibited (P)	If restricted, describe compliance with NOP Rule Annotation	Check if GMO (✓)

D. Monitoring Practices and Procedures

Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).

Fertility Management ProgramRate the effectiveness of your fertility management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Natural Resource ManagementRate the effectiveness of your soil conservation program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your water quality program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Weed, Pest, and Disease ManagementRate the effectiveness of your weed management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your pest management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your disease management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Other Monitoring: Indicate if you conduct monitoring in the following areas:Maintenance of Organic Integrity☐yes ☐no Adjoining land uses, buffers, notification letters, posting signs☐yes ☐no Input equipment cleaning (sprayers, planters, etc.)☐yes ☐no Harvest equipment cleaning☐yes ☐no Crop testing for contaminants (prohibited materials, GMOs)☐yes ☐no Post harvest handling☐yes ☐no Crop storage cleaning☐yes ☐no Transportation of organic cropsRecordkeeping☐yes ☐no Compost production records☐yes ☐no Labor records☐yes ☐no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products☐yes ☐no Complaint log

Section 4 Annual Summary of Organic Crop Yield and Sales**NOP Section 205.103**

The following organic crops/products have been sold from _____(date) to _____(date).

Crops/Products	# of Acres or Sq. Feet	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #

*Expand table or attach additional sheets as necessary.***Section 5 Affirmation**

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the NOP Rule.

Signature of Operator _____ Date _____

I have attached the following documents:

- ☐ Updated maps of all parcels/fields (showing adjoining land use and field identification)
- ☐ Field history sheets for previous year
- ☐ Documentation for fields owned or rented for less than three years, if applicable
- ☐ Water test, if applicable
- ☐ Soil and/or plant tissue tests, if applicable
- ☐ Residue analyses, if applicable
- ☐ Input product labels, if applicable
- ☐ Organic product labels, if applicable
- ☐ Updated CSA contract, if applicable
- ☐ Annual continuation fee of \$50 (fifty dollars) payable to RI DEM

☐ I have made copies of this questionnaire and other supporting documents for my own records.